PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

28520,02

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS						· .	ſ			Un 7 !			
			14				· ·	RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMB	BER EXTRA	I	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			1 minus 20= *			>		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			J minus 3 = 4					X43=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	385	OR	TOTAL		
	С	LAIMS AS A	MENDED					SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
_		(Column 1)	1	(Colun		(Column 3)	r	SIVIALL		1	JIIIALL .		
ENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> -</u>		X43=		OR	X86=		
Ù	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	'ENDEN I	CLAIM			+145=		OR	+290=		
[] .								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	-]	ADDIT. FEE		
		CLAIMS		HIGH	EST		Г	1	ADDI-	1		ADDI-	
AMENDMENT B	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
NDM	Total	*	Minus	##		= '		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		t	4.5			.000		
						•	L	+145=		OR	+290=		
		A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE							
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RĄTE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=	r	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
**	f the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, nter "20."	ΑĽ	TOTAL DDIT. FEE	•	OR ,	TOTAL ADDIT. FEE		
		mber Previously Pa nber Previously Paid							ropriate box	c in coli	umn 1.		